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Fill in this information to identify your c			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known):	Chapter you are filing under:		
	✓ Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is an
	Chapter 13	_	amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Darian Roxanne government-issued picture First Name First Name identification (for example, E. your driver's license or Middle Name Middle Name passport). Montgomery Montgomery Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you Roxanne have used in the last 8 First Name First Name vears E. Middle Name Middle Name Include your married or Langham maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 1 0 9 5xxx - xx - 0 5 9 2 your Social Security number or federal OR OR **Individual Taxpayer** 9xx - xx - ____ ___ ___ Identification number 9xx - xx - ____ ___ ___

(ITIN)

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Debtor 1 Debtor 2 Darian D. Montgol Roxanne E. Montgol				Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and Empl		✓ I have not used any business names or EIN	ls. 🔽 I have not used any business names or EINs.		
		tion Numbers have used in years	Business name	Business name		
		ade names and	Business name	Business name		
aoing	doing bus	iness as names	Business name	Business name		
			EIN	EIN		
			EIN — — — — — — — —	EIN		
5.	Where yo	u live		If Debtor 2 lives at a different address:		
			2106 W. Washington Blvd.			
			Number Street	Number Street		
			<u>#A</u>			
			Chicago IL 60612	· · ·		
			City State ZIP Code	City State ZIP Code		
			Cook	0		
			County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Street	Number Street		
			P.O. Box	P.O. Box		
			City State ZIP Code	City State ZIP Code		
6.		are choosing	Check one:	Check one:		
	this distri	ct to file for cy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
		T:11 (1 : 0 : 4)	No. 4 No. 1 Paul 2 142 Paul			
F	art 2:	Tell the Court A	About Your Bankruptcy Case			
7.	-	cy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	lotice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.		
	are choos under	sing to file	Chapter 7			
			Chapter 11			
			Chapter 12			
			Chapter 13			

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		rian D. Montgom xanne E. Montgo	-	,		Case nun	nber (if known)	
8.	How you w	w you will pay the fee		court pay w	pay the entire fee when I file my p for more details about how you may with cash, cashier's check, or money If, your attorney may pay with a cred	pay. Typical order. If your	ly, if you are pay r attorney is subr	ing the fee yourself, you may mitting your payment on your
					d to pay the fee in installments. If duals to Pay The Filing Fee in Insta	•		and attach the Application for
				By law than 1 fee in	uest that my fee be waived (You mw, a judge may, but is not required the 150% of the official poverty line that in installments). If you choose this of Fee Waived (Official Form 103B) a	o, waive your applies to you ption, you mus	fee, and may do ur family size and st fill out the App	so only if your income is less d you are unable to pay the
9.	Have you f	iled for within the	V	No				
	last 8 year			Yes.				
			Dist	rict _		When		Case number
			Dist	rict				
			DISI			vviieii	MM / DD / YYYY	Case number
			Dist	rict		When	MM / DD / YYYY	Case number
10.	Are any ba	Are any bankruptcy	⋈	No			WIWI / DD / TTTT	
	cases pen	ding or being		Yes.				
	-	pouse who is nis case with	□ Deb				Relationsh	in to you
	you, or by partner, or	a business by an						
	affiliate?	,	Dist	ICI		when	MM / DD / YYYY	
			Deb	tor			Relationsh	ip to you
			Dist	rict		When		Case number,
							MM / DD / YYYY	if known
11.	Do you rer residence?	•		No. Yes.	Go to line 12. Has your landlord obtained an evid	ction judgmen	t against you?	
				No. Go to line 12. Yes. Fill out Initial Statement and file it as part of this bank		•	Against You (Form 101A)	

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	tor 1 tor 2	Darian D. Montgom Roxanne E. Montgo	-	/		Case number (if known))	
Pa	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a Sole	Proprietor		
12.	-	u a sole proprietor full- or part-time sss?			Go to Part 4. Name and location of busines	s		
	busines individu separa	proprietorship is a ss you operate as an ual, and is not a te legal entity such as oration, partnership, or			Name of business, if any Number Street			
	sole pro	nave more than one oprietorship, use a te sheet and attach it petition.			Single Asset Real Estate Stockbroker (as defined	State I describe your business: as defined in 11 U.S.C. § 101(27A) e (as defined in 11 U.S.C. § 101(5) in 11 U.S.C. § 101(53A)) lefined in 11 U.S.C. § 101(6))	**	•
		er 11 of the uptcy Code and u a <i>small business</i>	can mos or if	set ap st rece any o	propriate deadlines. If you ind nt balance sheet, statement of f these documents do not exist	urt must know whether you are a licate that you are a small busines operations, cash-flow statement, follow the procedure in 11 U.S.C	ss debtor, you m and federal inco	nust attach your
		definition of small		No.	I am not filing under Chapter I am filing under Chapter 11, the Bankruptcy Code.	but I am NOT a small business d	lebtor according	to the definition in
	11 U.S.C. § 101(51D).			Yes.	s. I am filing under Chapter 11 and I am a small business debtor according to the definition Bankruptcy Code.			
Pa	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous Prope	rty or Any Property That	Needs Imme	diate Attention
14.	proper alleged immine	own or have any ty that poses or is to pose a threat of ent and identifiable to public health or		No Yes.	What is the hazard?			
	safety?	? Or do you own operty that needs liate attention?			If immediate attention is need			
	perisha livesto	ample, do you own able goods, or ck that must be fed, or ing that needs urgent ?			Where is the property?	er Street		
					City		State	7IP Code

Debtor 1	Darian D. Montgomery	
Debtor 2	Roxanne E. Montgomery	Case number (if known)
	·	

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit

counseling agency within the 180 days before

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

credit counseling because of:						
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me					
	incapable of realizing or making					

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	about
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	Darian D. Montgom Roxanne E. Montgo	-	,				Case number (if	know	n)		
P	art 6: Answer These Q	uest	ions	for	Reporting Pu	rpos	ses				
6.	What kind of debts do you have?	16a		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17.							
		16b		Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17.							
		16c.	Stat	te th	e type of debts yo	u owe	e that are not consumer or bus	siness	debts.		
7.	Are you filing under Chapter 7?		No.	I a	m not filing under	Chap	oter 7. Go to line 18.				
	Do you estimate that after any exempt property is	\square	Yes. I am filing under Chapter 7. Do you estimate that after any eadministrative expenses are paid that funds will be available.					-			
	excluded and administrative expenses				No						
	are paid that funds will be available for distribution to unsecured creditors?				Yes						
8.	How many creditors do you estimate that you owe?		1-49 50-99 100-1 200-9	99			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
9.	How much do you estimate your assets to be worth?		\$100	01-9	00 \$100,000 -\$500,000 -\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?		\$100	01-9	00 \$100,000 -\$500,000 -\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

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Debtor 1 Debtor 2			Case number (if known)		
Part 7:	Sign Below				
For you		I have examined this petition, and I declare und and correct.	der penalty of perjury that the information provided is true		
		•	ware that I may proceed, if eligible, under Chapter 7, 11, 12, and the relief available under each chapter, and I choose to		
		If no attorney represents me and I did not pay of fill out this document, I have obtained and react	or agree to pay someone who is not an attorney to help me of the notice required by 11 U.S.C. § 342(b).		
		I request relief in accordance with the chapter of	of title 11, United States Code, specified in this petition.		
		I understand making a false statement, concealing property, or obtaining money or property by frauction with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 y or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.			
		X /s/ Darian D. Montgomery Darian D. Montgomery, Debtor 1	X /s/ Roxanne E. Montgomery Roxanne E. Montgomery, Debtor 2		

Executed on 09/12/2018

MM / DD / YYYY

Executed on **09/12/2018**

MM / DD / YYYY

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Debtor 2	Roxanne E. Mont	gomery	Case number (if kno	wn)				
For your a represente	ttorney, if you are ed by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to						
•	not represented by y, you do not need page.	the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
		X /s/ Claudia F. Badillo Signature of Attorney for De		e <u>09/12/2018</u> MM / DD / YYYY				
		Claudia F. Badillo						
		Printed name Badillo Law Group, P.C Firm Name	•					
		8745 W. Higgins Rd.						
		Number Street Suite 110						
		Chicago City	IL State	60631 ZIP Code				
		Contact phone (773) 716	-7736 Email address badi	llolawyer@gmail.com				

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Fill in this inf	ormation to id	lentify your c	ase and this filing:			
Debtor 1	Darian First Name	D. Middle Name	Montgomery Last Name			
Debtor 2 (Spouse, if filing)	Roxanne First Name	E. Middle Name	Montgomery Last Name			
United States Ba	nkruptcy Court for	the: NORTHER	N DISTRICT OF ILLINOIS			
Case number (if known)					if this is an ded filing	
Official Form	106A/B					
Schedule A	B: Property	'			12/15	
filing together, bo sheet to this form	th are equally res . On the top of ar	sponsible for sup ny additional pag	st. Be as complete and accurate as oplying correct information. If more ges, write your name and case num ilding, Land, or Other Real Es	e space is needed, attach a ber (if known). Answer eve	separate ery question.	
✓ No. Go t	1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?					
	•	-	r all of your entries from Part 1, incl . Write that number here		\$0.00	
Part 2: De	scribe Your Ve	ehicles				
			est in any vehicles, whether they are icle, also report it on Schedule G: Exe			
3. Cars, vans, tr	rucks, tractors, sp	port utility vehicl	les, motorcycles			
□ No ☑ Yes						
3.1. Make:	Hyundai	Who I	has an interest in the property? k one.	Do not deduct secured cla amount of any secured cla	ims on Schedule D:	
Model:	Sonata		Debtor 1 only Debtor 2 only	Creditors Who Have Claim Current value of the	Secured by Property. Current value of the	
Year:	2016		Debtor 1 and Debtor 2 only	entire property?	portion you own?	
Approximate milea	ge: 35,000		t least one of the debtors and another	\$20,000.00	\$20,000.00	
Other information: 2016 Hyundai Somiles)	onata (approx. 3	· —	check if this is community property see instructions)			
4. Watercraft, a	•	•	ther recreational vehicles, other vel rcraft, fishing vessels, snowmobiles, r	•		
✓ No ☐ Yes						
	-	-	r all of your entries from Part 2, incl	<u> </u>	\$20,000.00	

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Debtor 1 Debtor 2		Darian D. Montgomery Roxanne E. Montgomery Case number (if known)							
P	art 3:	Describe Your Personal and Household Items							
Do	you own	or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.						
6.	Exampl	nold goods and furnishings es: Major appliances, furniture, linens, china, kitchenware Describe Misc household furniture including appliances	\$3,500.00						
7.	Electro Exampl		Ψο,σσσ.σσ						
	□ No ☑ Yes	Describe Misc. home electronics including television set, radio, cell phones and laptop/tablets.	\$250.00						
8.		ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles							
	✓ No ☐ Yes	. Describe							
9.	Exampl	nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments							
	✓ No ☐ Yes	. Describe							
10.	✓ No	es: Pistols, rifles, shotguns, ammunition, and related equipment . Describe							
11.	Clothes	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories							
	☐ No ✓ Yes	. Describe Normal clothing	\$200.00						
12.	Jewelry Exampl	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver							
	☐ No ✓ Yes	. Describe Misc costume jewelry and wedding bands	\$500.00						
13.		m animals es: Dogs, cats, birds, horses							
	✓ No ☐ Yes	. Describe							
14.	did not	ner personal and household items you did not already list, including any health aids you list							
		. Give specific rmation							
15.		e dollar value of all of your entries from Part 3, including any entries for pages you have	\$4,450.00						

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		Darian D. Montgomery Roxanne E. Montgomery Case number (if known)					
P	art 4:	Describe Your Financial Assets					
		or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.				
16.	Cash Example	les: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition					
	✓ No ☐ Yes	s Cash:					
17.	-	ts of money les: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.					
	☐ No ✓ Yes	sInstitution name:					
	17	1. Checking account: Checking account with Chase Bank and Fellowship Credit Union	\$2,000.00				
18.	Examp	mutual funds, or publicly traded stocks les: Bond funds, investment accounts with brokerage firms, money market accounts					
	✓ No	SInstitution or issuer name:					
19.	-	iblicly traded stock and interests in incorporated and unincorporated businesses, including rest in an LLC, partnership, and joint venture					
	✓ No ☐ Yes	s. Give specific ormation about m					
20.	Negotia	mment and corporate bonds and other negotiable and non-negotiable instruments able instruments include personal checks, cashiers' checks, promissory notes, and money orders. gotiable instruments are those you cannot transfer to someone by signing or delivering them.					
	info	s. Give specific prmation about m					
21.		nent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans					
	_	s. List each count separately. Type of account: Institution name:					
22.	Your sh	by deposits and prepayments hare of all unused deposits you have made so that you may continue service or use from a company les: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications hies, or others					
	✓ No	s					
23.	_	ies (A contract for a specific periodic payment of money to you, either for life or for a number of years)					
	✓ No ☐ Yes	s Issuer name and description:					

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	tor 1	Darian D. Montgomery		
Deb	tor 2	Roxanne E. Montgomery	Case number (if know	n)
24.		sts in an education IRA, in an account in a qualified ABLE process.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ogram, or under a qualified state	tuition program.
	✓ No	o s Institution name and description. Separate	ely file the records of any interests.	11 U.S.C. § 521(c)
25.		s, equitable or future interests in property (other than anythin	g listed in line 1), and rights or	
	power No	s exercisable for your benefit		
	☐ Ye	es. Give specific formation about them		
26.	Examp	ts, copyrights, trademarks, trade secrets, and other intellectual soles: Internet domain names, websites, proceeds from royalties and the soles.		
	_	o es. Give specific formation about them		
27.	Licens	ses, franchises, and other general intangibles bles: Building permits, exclusive licenses, cooperative association	on holdings, liquor licenses, profess	sional licenses
	_	o es. Give specific formation about them		
Mor	ney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to you		
	✓ No			
	_	es. Give specific information out them, including whether		Federal:
	yo	u already filed the returns		State:
	an	d the tax years		Local:
29.	Examp	/ support oles: Past due or lump sum alimony, spousal support, child supp	ort, maintenance, divorce settleme	nt, property settlement
	✓ No	o es. Give specific information	Alimony:	:
	_		Maintena	ance:
			Support:	
			Divorce	settlement:
			Property	settlement:
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability ber compensation, Social Security benefits; unpaid loans you n		ers'
	□ No ✓ Ye	os. Give specific information Pending Worker's Compensa	ation case	\$20,000.00
31.	Examp	sts in insurance policies oles: Health, disability, or life insurance; health savings account	(HSA); credit, homeowner's, or rent	ter's insurance
	✓ No			
	Со	es. Name the insurance impany of each policy	_	_
	an	d list its value Company name:	Beneficiary:	Surrender or refund value:

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	tor 1 tor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)	
32.	If you a	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance po to receive property because someone has died	olicy, or are currently	
	✓ No ☐ Yes	s. Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or made es: Accidents, employment disputes, insurance claims, or rights to sue	a demand for payment	
	✓ No	s. Describe each claim		
34.		ontingent and unliquidated claims of every nature, including counterc o set off claims	laims of the debtor and	
	✓ No ☐ Yes	s. Describe each claim		
35.	Any fin	ancial assets you did not already list		
	✓ No	s. Give specific information		
36.		e dollar value of all of your entries from Part 4, including any entries for d for Part 4. Write that number here		\$22,000.00
P	art 5:	Describe Any Business-Related Property You Own or Ha	ve an Interest In. List any	real estate in Part 1
37.	Do you	own or have any legal or equitable interest in any business-related pr	onorty?	
57.			operty:	
		Go to Part 6. Go to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable or commissions you already earned		
	✓ No ☐ Yes	s. Describe		
39.		equipment, furnishings, and supplies es: Business-related computers, software, modems, printers, copiers, fax desks, chairs, electronic devices	machines, rugs, telephones,	
	✓ No	s. Describe		
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools of yo	our trade	
	✓ No	s. Describe		
41.	Invento	ry		
	✓ No	s. Describe		
42.	Interes	ts in partnerships or joint ventures		
	✓ No	s. Describe Name of entity:	% of ownership:	

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	tor 1 Darian D. Montgomery Roxanne E. Montgomery Case number (if known)	
43.	Customer lists, mailing lists, or other compilations	
	 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe 	
44.	Any business-related property you did not already list	
	✓ No✓ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
P	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have as If you own or have an interest in farmland, list it in Part 1.	n Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7. ☐ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals Examples: Livestock, poultry, farm-raised fish No Yes	·
48.	Cropseither growing or harvested	
	✓ No Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No ☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	✓ No Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
P	art 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	
	✓ No ☐ Yes. Give specific information.	

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Debtor 1 Debtor 2		Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)				
		e dollar value of all of your entries from Part 7. Write th	nat number here	ə	•	\$0.00	
		Total real estate, line 2			·	\$0.00	
56.	Part 2:	Total vehicles, line 5	\$20,000.00				
57.	Part 3:	Total personal and household items, line 15	\$4,450.00				
58.	Part 4:	Total financial assets, line 36	\$22,000.00				
59.	Part 5:	Total business-related property, line 45	\$0.00				
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7:	Total other property not listed, line 54	+\$0.00				
62.	Total p	ersonal property. Add lines 56 through 61	\$46,450.00	Copy personal property total	+	\$46,450.00	
62	Total a	fall property on Schodule A/D Add line EE Lline 62				\$46.450.00	

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Fill in this inf	ormation to i	dentify your case	:			
Debtor 1	Darian First Name	D. Middle Name	Montgomery Last Name			
Debtor 2 (Spouse, if filing)	Roxanne First Name	E. Middle Name	Montgomery Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Check if this is a						
Case number amended filing (if known)						

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1:	Identify the Property You Claim	n as Exempt
1.	Which s	set of exemptions are you claiming?	Check one only, ev

en if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$20,000.00 735 ILCS 5/12-1001(c) \$0.00 $\overline{\mathbf{Q}}$ 2016 Hyundai Sonata (approx. 35,000 100% of fair market miles) value, up to any applicable statutory Line from Schedule A/B: 3.1 limit Brief description: \$3,500.00 \$3,500.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Misc household furniture including 100% of fair market appliances value, up to any applicable statutory Line from Schedule A/B: 6 limit

3.	you claiming a homestead exemption of more than \$160,375? bject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
	No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

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Debtor 1 **Darian D. Montgomery** Debtor 2 Roxanne E. Montgomery Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$250.00 \$250.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Misc. home electronics including 100% of fair market television set, radio, cell phones and value, up to any applicable statutory laptop/tablets. limit Line from Schedule A/B: Brief description: \$200.00 \$200.00 735 ILCS 5/12-1001(a), (e) ablaNormal clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit \$500.00 Brief description: \$500.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Misc costume jewelry and wedding bands 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$2,000.00 \$2,000.00 735 ILCS 5/12-1001(b) ablaChecking account with Chase Bank and 100% of fair market **Fellowship Credit Union** value, up to any applicable statutory Line from Schedule A/B: 17.1 limit \$20,000.00 Brief description: \$20,000.00 820 ILCS 305/21 $\overline{\mathbf{V}}$ **Pending Worker's Compensation case** 100% of fair market value, up to any Line from Schedule A/B: 30 applicable statutory

limit

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F20 1 - 41 1 - 1 - 6						
Fill in this info	ormation to identif	y your case:				
Debtor 1	DarianDFirst NameM). Iiddle Name	Montgomery Last Name			
Debtor 2 (Spouse, if filing)	Roxanne E First Name M	liddle Name	Montgomery Last Name			
United States Bar	nkruptcy Court for the:	IORTHERN DIS	TRICT OF ILLINOIS	S		
Case number	_				—	
(if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Who	Have Clain	ns Secured by	Property		12/15
correct informatio On the top of any	nd accurate as possible n. If more space is nee additional pages, write cors have claims secure	eded, copy the Ao your name and o	dditional Page, fill it o	out, number the entri		
	 No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. ✓ Yes. Fill in all of the information below. 					
Part 1: Lis	t All Secured Clain	ns				
claim, list the c creditor has a much as possi	claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Column A Amount of claim Do not deduct the value of collateral that supports this claim If any					
2.1		Describe the presecures the cla		\$27,612.00	\$20,000.00	\$7,612.00
Santander Cons	umer USA		i Sonata (approx.			
Creditor's name 1601 ELM ST		35,000 miles)				
Number Street STE 800						
			you file, the claim is:	Check all that apply.		
DALLAS	TX 75201	Contingent	al .			
City	State ZIP Code	_ ☐ Unliquidated☐ Disputed	u			
Who owes the deb	ot? Check one.	_	Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		_	ent you made (such as		car loan)	
☐ Debtor 2 only ☐ Debtor 1 and D	ebtor 2 only	_	en (such as tax lien, me	echanic's lien)		
	the debtors and another	. 🗀 😅 .	en from a lawsuit ding a right to offset)			
Check if this c	laim relates	Other (mora	Money Security In	terest		
Date debt was inc	urred <u>01/07/2017</u>	_ Last 4 digits of	account number	1 3 7 9		
Add the dollar value that number here:	ue of your entries in Co	olumn A on this p	page. Write	\$27,612.00		

all pages. Write that number here:

If this is the last page of your form, add the dollar value totals from

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Fill in this inf	ormation to i	dentify your ca	222			
FIII III UIIS IIII	ormation to it	dentify your ca	ase.			
Debtor 1	Darian First Name	D. Middle Name	Montgomery Last Name			
Debtor 2	Roxanne	E.	Montgomery			
(Spouse, if filing)		Middle Name	Last Name			
United States Bar	nkruptcy Court fo	r the: NORTHER	N DISTRICT OF ILLINOIS			
Case number				_		
(if known)					Check if this i amended filin	
Official Form	106E/F					
Schedule E/	F: Creditor	s Who Have	e Unsecured Claims			12/15
Do not include any If more space is n to this page. On t	y creditors with eeded, copy the he top of any ad	partially secured Part you need, fi ditional pages, w	and on Schedule G: Executory Colclaims that are listed in Schedule II it out, number the entries in the crite your name and case number (secured Claims	D: Creditors Who H	old Claims Sec	ured by Property.
1. Do any credit	tors have priority	y unsecured clain	ns against you?			
		y anococaroa ciam	no agamer you .			
Yes.	0 Fait 2.					
claim. For eac show both pric more space is	ch claim listed, id ority and nonprior	entify what type of ity amounts. As m ity unsecured clain	creditor has more than one priority uf claim it is. If a claim has both priorinuch as possible, list the claims in alms, fill out the Continuation Page of I	ty and nonpriority ame	ounts, list that c	aim here and ditor's name. If
(For an explar	nation of each typ	e of claim, see the	e instructions for this form in the instr	ruction booklet.		
(1 2 2 1 2	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Total claim	Priority amount	Nonpriority amount
2.1						
			Last 4 digits of account number			
Priority Creditor's Nam	е		•			
Number Street			When was the debt incurred?		_	
			As of the date you file, the claim	is: Check all that app	olv.	
			☐ Contingent		,	
			Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the			Type of PRIORITY unsecured cla	im·		
□ Debtor 1 only			Domestic support obligations			
Debtor 2 only			Taxes and certain other debts	you owe the aovernm	ent	
Debtor 1 and D	•		Claims for death or personal in	_		
	the debtors and		intoxicated			
_	claim is for a con	nmunity debt	Other. Specify			
Is the claim subject	ct to offset?					
□ No □ Yes						

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)
Part 2:	List All of Your NONPRIORITY	Y Unsecured Claims
Ye 4. List all If a cree type of	of your nonpriority unsecured claims inditor has more than one nonpriority unsection it is. Do not list claims already including	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. sured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in nsecured claims, fill out the Continuation Page of Part 2.
Nonpriority Cre 2333 North	Ambulatory, SC, Inc. editor's Name h Harlem Ave. Street	\$18,749.25 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Discounted
Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 3 Debtor 4 Debtor 4 Debtor 4 No	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Medical Bills
Nonpriority Cre 1S210 Sur	mmit Ave. Street	\$9,188.50 Last 4 digits of account number 0 5 5 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
City Who incurre Debtor 2 Debtor 2 Debtor 3 At least Check i	State ZIP Code ed the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)	
Dout O			
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.3			\$1,700.00
	n Diagnostic MRI, LLC	Last 4 digits of account number	
	Creditor's Name utterfield Suite 130	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated Disputed	
Elmhurst			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	2 only	that you did not report as priority claims	
≝	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the debtors and another	Other. Specify	
	if this claim is for a community debt	Medical Bills	
No No	m subject to offset?		
Yes			
4.4			\$14,629.00
Archer O	pen MRI Creditor's Name	Last 4 digits of account number	
	Archer Ave.	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
-			
		— ☐ Disputed	
Chicago City	IL 60632 State ZIP Code		
-	red the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
	1 only	☐ Obligations arising out of a separation agreement or divorce	
	r 2 only	that you did not report as priority claims	
	r 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is for a community debt		
	m subject to offset?	medical Dillo	
✓ No			
Yes			

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listin	ng any entries on this page, number th page.	em sequentially from the	Total claim
4.5			\$24.00
ATG Cred	dit	Last 4 digits of account number 0 2	
Nonpriority C PO Box 1	Creditor's Name	When was the debt incurred? 11/16/2014	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated Disputed	
Chicago	IL 60614-0895	Disputed	
City	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	· 1 only	Student loans	
_	· 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	1 and Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Collecting for - The Cardiology Group	
	m subject to offset?		
✓ No			
Yes			
4.6			\$2,640.00
Bharati P	Patel MD	Last 4 digits of account number 1 2 3 6	Ψ2,040.00
	Creditor's Name	When was the debt incurred?	
PO BOX Number	10428 Street	As of the date you file, the claim is: Check all that apply.	
Number	Street	Contingent	
		Unliquidated	
Merrillvill	le IN 46411	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt? Check one.	Student loans	
☑ Debtor	•	Obligations arising out of a separation agreement or divorce	
	· 2 only · 1 and Debtor 2 only	that you did not report as priority claims	
	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	if this claim is for a community debt	✓ Other. Specify Medical Bills	
_	m subject to offset?	medical Dillo	
No No	in subject to offset?		
Yes			

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)		
Part 2:	Your NONPRIORITY Unsecure	ed Claims Continuation Page		
After listin	ng any entries on this page, number them page.	n sequentially from the	Total claim	
4.7			\$32,687.90	
Chicagol	and Advanced Pain and Headache P	Last 4 digits of account number 7 8 0 0		
Nonpriority C	Creditor's Name	When was the debt incurred?		
Number	Street	As of the date you file, the claim is: Check all that apply.		
		Contingent		
		☐ Unliquidated ☐ Disputed		
Berwyn	IL 60402-1894			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:		
Debtor		Student loans Obligations arising out of a separation agreement or divorce		
	2 only	that you did not report as priority claims		
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts		
_	st one of the debtors and another	Other. Specify Medical Bills		
☐ Check	if this claim is for a community debt			
	m subject to offset?			
✓ No ☐ Yes				
Yes				
4.8			\$1,270,00	
City of Cl	hicago	Last 4 digits of account number 1 7 0 1	<u> </u>	
Nonpriority C	Creditor's Name	When was the debt incurred?		
Departme Number	ent of Revenue Street	As of the date you file, the claim is: Check all that apply.		
	OF PARKING-BANKRUPTCY	Contingent		
121 N. La	Salle St. #107A	Unliquidated		
Chicago	IL 60602	Disputed		
City	State ZIP Code	Type of NONPRIORITY unsecured claim:		
	red the debt? Check one.	☐ Student loans		
	1 only	Obligations arising out of a separation agreement or divorce		
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims		
ш	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts		
ш	if this claim is for a community debt	Other. Specify Parking Tickets		
_	m subject to offset?	i airtiilg lichets		
No No				
Yes				

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)			
Part 2:	art 2: Your NONPRIORITY Unsecured Claims Continuation Page				
After listing any entries on this page, number them sequentially from the previous page.					
4.9			\$690.00		
Credit On	ne Bank	Last 4 digits of account number 5 7 8 1			
Nonpriority C PO BOX 9	reditor's Name	When was the debt incurred? 06/29/2017			
Number	Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
		Unliquidated Disputed			
LAS VEG					
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:			
☐ Debtor		Student loans			
Debtor	•	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts			
	t one of the debtors and another	Other. Specify			
☐ Check	if this claim is for a community debt	Credit Card charge off			
Is the clair	n subject to offset?				
☑ No					
☐ Yes					
4.10			\$8,888.00		
DEPT OF	ED / NELNET	Last 4 digits of account number 1 6 0 6			
Nonpriority C 3015 PAR	reditor's Name	When was the debt incurred? 02/04/2011			
Number	Street	As of the date you file, the claim is: Check all that apply.			
SUITE 40	0	Contingent			
		Unliquidated			
AURORA	CO 80014	Disputed			
City	State ZIP Code	Type of NONPRIORITY unsecured claim:			
	red the debt? Check one.	Student loans			
☑ Debtor	•	Obligations arising out of a separation agreement or divorce			
Debtor	•	that you did not report as priority claims			
Debtor 1 and Debtor 2 only At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar debts			
ш	if this claim is for a community debt	Other. Specify			
-	n subject to offset?				
✓ No	ii oubject to onset?				
☐ Yes					

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)		
Part 2:	Your NONPRIORITY Unsecured Claims Continuation Page			
After listin	ng any entries on this page, number the page.	m sequentially from the	Total claim	
4.11			\$16,570.72	
	mmediate Care, LLC	Last 4 digits of account number		
	Creditor's Name Immit Ave.	When was the debt incurred?		
Number	Street	As of the date you file, the claim is: Check all that apply.		
Oak Brod	ok Terrace, IL 6018	☐ Contingent☐ Unliquidated☐ Disputed		
City	State ZIP Code			
Who incur	red the debt? Check one.	Student loans		
<u> </u>	1 only	Obligations arising out of a separation agreement or divorce		
ш	· 2 only · 1 and Debtor 2 only	that you did not report as priority claims		
	st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify		
Check	if this claim is for a community debt	Medical Bills		
Is the clair	m subject to offset?			
✓ No ☐ Yes				
4.12			\$795.00	
	mier Bank Creditor's Name	Last 4 digits of account number1511_		
	ouise Ave.	When was the debt incurred? 08/17/2012		
Number	Street	As of the date you file, the claim is: Check all that apply.		
		_ ☐ Contingent ☐ Unliquidated		
		— ☐ Disputed		
Sioux Fal	IIS SD 57107 State ZIP Code			
-	red the debt? Check one.	Type of NONPRIORITY unsecured claim:		
☑ Debtor	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
_	· 2 only	that you did not report as priority claims		
Debtor 1 and Debtor 2 only At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar debts		
		Other. Specify		
_	if this claim is for a community debt	Charged off account		
	m subject to offset?			
✓ No Yes				

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Debtor 1 Debtor 2	Darian D. Mo Roxanne E.		=	Case number (if known)	
D 10		•	-		
Part 2:	Your NON	IPRIC	RITY Unsecu	red Claims Continuation Page	
After listin	•	n this p	page, number the	m sequentially from the	Total claim
4.13					\$999.00
First Pre	mier Bank			Last 4 digits of account number	
Nonpriority C	Creditor's Name			When was the debt incurred? 06/25/2017	
PO Box 5	Street			As of the date you file, the claim is: Check all that apply.	
				_ Contingent	
				Unliquidated	
Sioux Fal	lls	SD	57117-5524	─	
City	red the debt?	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt? r 1 only	Check	t one.	Student loans	
_	r 2 only			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
≝	r 1 and Debtor 2 o	•		Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the debt			Other. Specify	
	c if this claim is f		ommunity debt	Credit Card charge off	
Is the clair	m subject to offs	set?			
Yes					
4.14					\$376.00
	mier Bank Creditor's Name			Last 4 digits of account number	
PO Box 5				When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ ☐ Contingent ☐ Unliquidated	
				Disputed	
Sioux Fal	lls	State	57117-5524 ZIP Code	Tune of NONDRIGRITY unaccoured eleims	
	rred the debt?	Check		Type of NONPRIORITY unsecured claim: ☐ Student loans	
	r 1 only			☐ Obligations arising out of a separation agreement or divorce	
<u></u>	r 2 only r 1 and Debtor 2 o	only		that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another			d another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt					
Is the claim subject to offset?			•		
☑ No	•				
Yes					

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Debtor 1 Debtor 2	Darian D. Montgomery		
Debtor 2	Roxanne E. Montgomery	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	em sequentially from the	Total claim
4.15			\$6,811.00
	Credit Acceptance	Last 4 digits of account number	
	reditor's Name Dr. Ste. 201	When was the debt incurred? 05/01/2013	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		Unliquidated Disputed	
Chadds F			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor		Student loans Obligations origing out of a consention agreement or diverse	
Debtor	•	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
≒	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	it one of the debtors and another		
_	if this claim is for a community debt	Automobile loan deficiency balance	
No No	n subject to offset?		
Yes			
4.16			\$25,000.00
Global Fi		Last 4 digits of account number3476_	
	reditor's Name Street, 8th Floor	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
		— ☐ Disputed	
White Pla	NY 10601 State ZIP Code		
- 7	red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	1 only	Student loans Obligations arising out of a separation agreement or divorce	
	2 only	that you did not report as priority claims	
	1 and Debtor 2 only at the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is for a community debt	☑ Other. Specify	
_	n subject to offset?	Loan	
No No	ii dubject to olidet:		
Yes			

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
	g any entries on this page, number the	em sequentially from the	Total claim \$12,864.00
GM Finan Nonpriority C	reditor's Name	Last 4 digits of account number 0 8 2 3 When was the debt incurred? 05/01/2013	
PO BOX 1 Number	Street	When was the debt incurred? 05/01/2013 — As of the date you file, the claim is: Check all that apply. _ ☐ Contingent ☐ Unliquidated	
ARLINGTON TX 76096 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes		Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Vehicle deficiency	
4.18	10: 5: 10:1		\$18,088.85
Nonpriority C	d Spine Pain and Orthopedics reditor's Name	Last 4 digits of account number When was the debt incurred?	
PO BOX 1 Number	Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Debtor Debtor Debtor At leas	State ZIP Code red the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Medical Bills	

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery			
		Case number (if known)		
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page		
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim	
4.19			\$22,058.00	
Hyde Par	k Medical Center	Last 4 digits of account number 9 9 0 3		
	Creditor's Name	When was the debt incurred?		
Number	Hyde Park Blvd., suite 109 Street	As of the date you file, the claim is: Check all that apply.		
		_ Contingent		
		Unliquidated		
Chicago	IL 60637	Disputed		
City	State ZIP Code	Type of NONPRIORITY unsecured claim:		
	red the debt? Check one. r 1 only	Student loans		
ك	r 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
_	r 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts		
ш	st one of the debtors and another	Other. Specify		
_	if this claim is for a community debt	Medical Bills		
	m subject to offset?			
✓ No ☐ Yes				
4.20			\$6,278.00	
	Park Medical Associates	Last 4 digits of account number 7 0 8 0		
	Creditor's Name ny Island Ave. Suite 176	When was the debt incurred?		
Number	Street	As of the date you file, the claim is: Check all that apply.		
		☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent		
		— ☐ Disputed		
Chicago	IL 60649	· _		
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	r 1 only	Student loans Obligations arising out of a separation agreement or divorce		
Debtor	r 2 only	that you did not report as priority claims		
	r 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts		
_	st one of the debtors and another	Other. Specify		
_	t if this claim is for a community debt	Medical Bills		
No No	m subject to offset?			
Yes				

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After listing any entries on this page, number them sequentially from the previous page. 4.21 \$150.00 Agriculture Agricul	Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)	
After listing any entries on this page, number them sequentially from the previous page. 4.21 \$\frac{4.21}{2.21}\$\$ Sizes \$\frac{4.21}{2.21}\$\$ Sizes \$\frac{5.00}{2.23 W. Jackson Blvd. #700}\$\$ When was the debt incurred? \$\frac{0.8/18/2014}{0.8/18/2014}\$\$ As of the date you file, the claim is: Check all that apply. \$\frac{1.7}{2.21}\$\$ Contingent \$\frac{1.7}{2.21}\$\$ Unliquidated \$\frac{1.7}{2.21}\$\$ Debtor 1 only \$\frac{1.21}{2.21}\$\$ Debtor 2 only \$\frac{1.21}{2.21}\$\$ Cole \$1.21	D 10			
4.21 Stood	Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number 1 7 4 1			em sequentially from the	Total claim
Nonportity Creditor's Name 223 W. Jackson Blvd. #700	4.21			\$150.00
Street Goods Contingent Unliquidated Disputed	Merchan	ts Credit Guide Co.	Last 4 digits of account number 1 7 4 1	
As of the date you file, the claim is: Check all that apply. Chicago IL 60606 Contingent Check one. Contingent Contingent Check one. Check one one check one check one one check of the debtors and another Check of this claim is for a community debt is the claim subject to offset? Check one check of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Check one check of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Check one check of the chec			When was the debt incurred? 08/18/2014	
Chicago L 60606 City State ZIP Code Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Tyes Collecting for - Little Company of Mary Hospital Ast 4 least one of the debtors and another Debts the claim subject to offset? Collecting for - Little Company of Mary Hospital Ast 4 digits of account number 6 0 1 9 Check if this claim is for a community debt is the claim subject to offset? Collecting for - Little Company of Mary Hospital Ast 4 digits of account number 6 0 1 9 When was the debt incurred? Contingent Unliquidated Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 one Debtor 5 one Debtor 6 one Debtor 6 one Debtor 6 one Debtor 7 one Debtor 7 one Debtor 8 one Debtor 8 one Debtor 9 one De			As of the date you file, the claim is: Check all that apply.	
Chicago IL 60606 City State ZiP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Debtor 4 that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for - Little Company of Mary Hospital \$1,300.00 Street Street Street Street Street Street Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Student loans Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills Student loans Other Specify Other				
Chicago IL 60606 ZIP Code				
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Nonpriority Creditor's Name 22017 Emily Lane Number Street □ Street □ Check in the debtors and another □ Check in this claim is for a community debt Is the claim subject to offset? □ Nonpriority Creditor's Name 22017 Emily Lane Number Street □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ No			_ _ _ '	
Debtor 1 only				
Debtor 1 and Debtor 2 only				
At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for - Little Company of Mary Hospital	سنا	· · · · · · · · · · · · · · · · · · ·		
Check if this claim is for a community debt Is the claim subject to offset? ✓ No	≝	· · · · · · · · · · · · · · · · · · ·		
Is the claim subject to offset? No	_			
No Yes State ZIP Code Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Steel Stee			Collecting for - Little Company of Mary Hospital	
#1,300.00 Midwest Imaging & Diagnostics Last 4 digits of account number 6 0 1 9		in Subject to onset.		
Midwest Imaging & Diagnostics Nonpriority Creditor's Name 22017 Emily Lane Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 6 0 1 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills				
Midwest Imaging & Diagnostics Nonpriority Creditor's Name 22017 Emily Lane Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 6 0 1 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills	4 22			A4 000 00
Nonpriority Creditor's Name 22017 Emily Lane Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills		Imagina 9 Diamagtica	Local Addicates of account numbers C. O. d. O.	\$1,300.00
As of the date you file, the claim is: Check all that apply. Contingent				
Frankfort IL 60423-7817 City State ZIP Code Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☑ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ☑ No				
Frankfort City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt IL 60423-7817 Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills Wedical Bills	Number	Street		
Frankfort City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No				
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Frankfort	IL 60423-7817	Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills Medical Bills	City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No			Student loans	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No				
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No		•	, , ,	
☐ Check if this claim is for a community debt Is the claim subject to offset? No No	_			
<u>✓</u> No	☐ Check	if this claim is for a community debt		
		m subject to offset?		
	✓ No ☐ Yes			

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)			
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page			
	After listing any entries on this page, number them sequentially from the previous page. Total claim				
4.23			\$3,200.00		
MRAD Im	naging LLC	Last 4 digits of account number			
Nonpriority C	Creditor's Name	When was the debt incurred?			
Number	Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
		☐ Unliquidated ☐ Disputed			
Des Plair	nes IL 60016 State ZIP Code	— (NONDRIGHTY)			
•	red the debt? Check one.	Type of NONPRIORITY unsecured claim:			
ك	r 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce			
=	r 2 only	that you did not report as priority claims			
_	r 1 and Debtor 2 only st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts			
ш	c if this claim is for a community debt	✓ Other. Specify Medical Bills			
_	m subject to offset?	Medical Bills			
✓ No	• • • • • • • • • • • • • • • • • •				
Yes					
4.24			*****		
	77. D. J.	Local Additional account womakers and the contract of the cont	\$1,921.00		
	m/TD Bank Creditor's Name	Last 4 digits of account number 0 6 1 2			
13531 É (CALEY AVE	When was the debt incurred? 03/02/2017			
Number	Street	As of the date you file, the claim is: Check all that apply.			
		□ Contingent □ Unliquidated			
	1000 00 00444	Disputed			
ENGLEW City	/OOD	Type of NONDDIODITY ungequired eleims			
	red the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans			
لت	r 1 only	☐ Obligations arising out of a separation agreement or divorce			
	r 2 only	that you did not report as priority claims			
	r 1 and Debtor 2 only st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts			
— Objects (California Company or Company)		Other. Specify			
Check if this claim is for a community debt Is the claim subject to offset?		Credit Card			
No No	iii subject to onset?				
Yes					

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing previous pa	any entries on this page, number then ge.	n sequentially from the	Total claim
Painless Anesthesia Providers Nonpriority Creditor's Name 2333 N. Harlem Ave. Suite 500 Number Street		Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	<u>\$2,974.00</u>
Debtor 2 Debtor 2 Debtor 2 Debtor 3 Check i	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bills	

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Debtor 2	Roxanne E. Montgomery Case number (if known)					
Part 3:	List Others to Be Notified Ab	out a Debt That You Already Listed				
5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.						
Hammon	d Spine Pain and Ortho.	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name 2143 Calumet Ave. Number Street		Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims				
Whiting City	IN 46394 State ZIP Code	Last 4 digits of account number				

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Debtor 1	Darian D. Montgomery		
Debtor 2	Roxanne E. Montgomery	Case number (if known)	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom ratt i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$8,888.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	\$200,964.22
	6j.	Total. Add lines 6f through 6i.	6j.	\$209,852.22

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Darian	D.	Montgomery	
	First Name	Middle Name	Last Name	
Debtor 2	Roxanne	E.	Montgomery	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for	rthe: NORTHERN D	ISTRICT OF ILLINOIS	
Case number				Che
(if known)				ame

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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					_		
F	ill in this info	ormation to iden	tify your case:				
D	ebtor 1	Darian First Name	D. Middle Name	Montgomery Last Name			
_	ebtor 2 spouse, if filing)	Roxanne First Name	E. Middle Name	Montgomery Last Name			
U	nited States Bar	nkruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS			
_	ase number known)					Check if this is an amended filing	
	ficial Form						
Sc	hedule H:	Your Codebt	ors				12/ ⁻
two nee	married peopleded, copy the A	e are filing together, Additional Page, fill i of any Additional Pa	, both are equally re it out, and number t ges, write your nam	ny debts you may have. Be esponsible for supplying co the entries in the boxes on the and case number (if know case, do not list either spous	rrect information. If the left. Attach the A wn). Answer every q	more space is dditional Page to this	
2.	include Arizona No. Go to	a, California, Idaho, L o line 3.	ouisiana, Nevada, N	y property state or territory ew Mexico, Puerto Rico, Tex- ivalent live with you at the tim	as, Washington, and \	•	
3.	☐ Yes In Column 1, I	list all of your codeb	tors. Do not includ		or if your spouse is f		

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this inforr	mation to identify					
Debtor 1	Darian First Name	D. Middle Name	Montgomery Last Name	Che	eck if this is:	
Debtor 2 (Spouse, if filing)	Roxanne First Name	E. Middle Name	Montgomery Last Name	_ _	An amended filing	
United States Bank	United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS		A supplement showing postpetition chapter 13 income as of the following date:	
Case number (if known)					MM / DD / YYYY	
Official Form 10	าคเ					

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Describe	Employment						
1.	Fill in your employment information.	l in your employment ormation.				Debtor 2 or	non-filing spou	se
	If you have more than job, attach a separate with information about	page Employment status	✓ Employed✓ Not employ	ved.		☐ Employed✓ Not employed		
	additional employers.	Occupation	Ride Share dr				Pioyed	
	Include part-time, seasor self-employed work		Lyft					
	Occupation may include	p.oyo. o aaa.ooo	dress 3976 N Avondale Ave 2nd floor					
	student or homemake applies.	r, if it	Number Street			Number Stree	et	
			Chicago	IL	60641	_		
			City	State	Zip Code	City	State	Zip Code
		How long employed	there? 2 mont	ths	_			_

Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$2,800.00	\$0.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$2,800.00	\$0.00

Debtor 1 **Darian D. Montgomery** Debtor 2 Roxanne E. Montgomery Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here \$2,800.00 \$0.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions \$0.00 \$0.00 5a \$0.00 \$0.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$0.00 \$0.00 **Domestic support obligations** 5f. 5g. Union dues \$0.00 \$0.00 5g 5h. Other deductions. \$0.00 \$0.00 Specify: 5h.+ Add lines 5a + 5b + 5c + 5d + 5e + 5f + Add the payroll deductions. 6. \$0.00 \$0.00 5g + 5h.Calculate total monthly take-home pay. 7. Subtract line 6 from line 4. \$2,800.00 \$0.00 List all other income regularly received: 8a. Net income from rental property and from operating a 8a. \$0.00 \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a 8c \$0.00 \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation Bd. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$0.00 \$0.00 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. 8h. 🛖 Specify: See continuation sheet \$1,500.00 \$0.00 **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$1,500.00 \$0.00 10. Calculate monthly income. Add line 7 + line 9. \$4,300.00 \$0.00 \$4,300.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$4,300.00 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies.

Official Form 106l Schedule I: Your Income page 2

monthly income

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Debtor 1 Debtor 2				Montgomery E. Montgomery	Case number (if known)		
13.	Do you expect an increase or decrease within		ect an i	ncrease or decrease within the year after you file this form?			
		No.	Γ	None.			
		Yes. Ex	xplain:				

Official Form 106l Schedule I: Your Income page 3

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	otor 1 otor 2	Parian D. Montgomery Roxanne E. Montgomery		Case nui	mber (if known)	
8h.	Other I	Monthly Income (details)		For Debtor 1	For Debtor 2 or non-filing spouse	
		me job at Custom Clothes		\$500.00		
	Part ti	me job at Uber		\$1,000.00		
			Totals:	\$1,500.00	\$0.00	

Official Form 106l Schedule I: Your Income page 4

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F	ill in this inforn	nation to identif	y your case:			CL	- ا داد الا داد ا	io	
	Debtor 1	Darian	D.	Monto	gomery		eck if this An ame	is: ended filing	
	Debior 1	First Name	Middle Name	Last Nar		- 📙		lement showing	postpetition
	Debtor 2	Roxanne	E.	Monto	gomery	╽┕		13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Nar		-	followin	g date:	
	United States Bank	ruptcy Court for the:	NORTHERN DIS	TRICT OF	ILLINOIS	-	MM / D	D / YYYY	_
	Case number (if known)								
<u>Of</u>	ficial Form 10	<u>)6J</u>							
Sc	hedule J: Yo	our Expenses	5						12/15
cor nar	rect information. I	f more space is ne	e. If two married peo eded, attach another wer every question.	-		-			
1.	Is this a joint cas								
٠.	-								
2.	_ ✓ No	Debtor 2 live in a se s. Debtor 2 must file	parate household? • Official Form 106J-2 No	, Expenses	·				
	Do not list Debtor Debtor 2.	1 and	Yes. Fill out this infor for each dependent		Dependent's rela		p to	Dependent's age	Does dependent live with you?
	Do not state the d names.	ependents'							- Yes No - Yes No - Yes No - No
									No Yes No Yes
3.	Do your expense expenses of peopyourself and you	ple other than	▼ No □ Yes						
Р	art 2: Estima	ate Your Ongoi	ng Monthly Expe	nses					
to r		of a date after the	ruptcy filing date unl bankruptcy is filed.	-	_			-	
			government assista Schedule I: Your Inc	-				Your expens	ses
4.			nses for your resider any rent for the ground				4	1	\$750.00
	If not included in	•	-						
	4a. Real estate to	axes					2	ła	
	4b. Property, hor	meowner's, or renter	's insurance				2	4b	
	4c. Home mainte	enance, repair, and u	upkeep expenses				2	1c	
	4d. Homeowner's	s association or con	dominium dues				2	 1d.	

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Deb Deb	for 2	(if known)
		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.
6.	Utilities:	
	6a. Electricity, heat, natural gas	6a. \$250.00
	6b. Water, sewer, garbage collection	6b
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$300.00
	6d. Other. Specify:	6d.
7.	Food and housekeeping supplies	7. \$700.00
8.	Childcare and children's education costs	8.
9.	Clothing, laundry, and dry cleaning	9. \$50.00
10.	Personal care products and services	10. \$20.00
11.	Medical and dental expenses	11. \$50.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. (See continuation sheet(s) for details)	12. \$800.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.
14.	Charitable contributions and religious donations	14.
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
	15a. Life insurance	15a. \$165.00
	15b. Health insurance	15b.
	15c. Vehicle insurance	15c. \$200.00
	15d. Other insurance. Specify:	15d.
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.
17.	Installment or lease payments:	
	17a. Car payments for Vehicle 1 Vehicle Payment	17a. \$687.00
	17b. Car payments for Vehicle 2	17b.
	17c. Other. Specify: Income taxes set aside	17c. \$400.00
	17d. Other. Specify:	17d.
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.
19.	Other payments you make to support others who do not live with you. Specify:	19.

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	otor 1 otor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if know	n)		
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.				
	20a.	Mortgages on other property	20a.			
	20b.	Real estate taxes	20b.			
	20c.	Property, homeowner's, or renter's insurance	20c.			
	20d.	Maintenance, repair, and upkeep expenses	20d.			
	20e.	Homeowner's association or condominium dues	20e.			
21.	Other	Specify:	21.	-		
22.	Calcu	late your monthly expenses.	_			
	22a.	Add lines 4 through 21.	22a.	\$4,372.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$4,372.00		
23.	Calcu	alate your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$4,300.00		
	23b.	Copy your monthly expenses from line 22c above.	23b. -	\$4,372.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	(\$72.00)		
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	=	No. Yes. Explain here: None.				

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if know	n)	
	portation (details): while driving Uber/Lyft-\$50 per day apx.	\$		
		Total:	\$800.00	

Official Form 106J

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Fill in this information to identify your case:							
Debtor 1	Darian First Name	D.	Montgomery Last Name				
Dalatan	First Name	Middle Name					
Debtor 2 (Spouse, if filing)	Roxanne First Name	E. Middle Name	Montgomery Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number							
(if known)							

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$46,450.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$46,450.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$27,612.00
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$209,852.22
	Your total liabilities	\$237,464.22
P	art 3: Summarize Your Income and Expenses	
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$4,300.00
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,372.00

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	otor 1 otor 2	Darian D. Montgomery Roxanne E. Montgomery Case no	ımber (if known)	
P	art 4	Answer These Questions for Administrative and Statistical Re	cords	
ô.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?		
		No. You have nothing to report on this part of the form. Check this box and submit this Yes	s form to the court with yo	our other schedules.
7.	Wha	t kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.			
		Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.	rt of the form. Check this	s box and submit
3.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$3,785.2			
9.	Сор	y the following special categories of claims from Part 4, line 6 of <i>Schedule E/F:</i>		
			Total claim	
	Fron	n Part 4 on <i>Schedule E/F,</i> copy the following:		
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.0	00
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.0	0
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.0	00
	9d.	Student loans. (Copy line 6f.)	\$8,888.0	00

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$8,888.00

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			· ·	
Fill in this inf	formation to i	dentify your case	:	
Debtor 1	Darian	D.	Montgomery	
	First Name	Middle Name	Last Name	
Debtor 2	Roxanne	E	Montgomery	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number				☐ Check if this is an
(if known)				amended filing
Official Form	106Doc			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
Sig	gn Below			
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fill out	bankruptcy forms?
√ No	•			
ت ا	ame of person			Attach Bankruptcy Petition Preparer's Notice,
☐ 103. N				Declaration, and Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and schedules fil	led with this declaration and that they are
X /s/ Daria	n D. Montgome	ery	X /s/ Roxanne E. Montgo	omery

Roxanne E. Montgomery, Debtor 2

MM / DD / YYYY

Date <u>09/12/2018</u>

Darian D. Montgomery, Debtor 1

MM / DD / YYYY

Date **09/12/2018**

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Fill in this in						
Debtor 1	Darian	D.	Montgom	ery		
	First Name	Middle Name				
Debtor 2 (Spouse, if filing	Roxanne First Name	E. Middle Name	Montgom Last Name	ery		
		r that NADTUE	DN DISTRICT OF II	LINOIS		
	inkrupicy Count to	i ille. <u>NORTHE</u>	RN DISTRICT OF II	LLINOIS		
Case number (if known)					☐ Check if amende	f this is an ed filing
Official Form	n 107					
Statement of	of Financial	Affairs for	Individuals F	iling for Bank	ruptcy	04/16
1. What is your ✓ Married ☐ Not marr 2. During the la	current marital sed	status? you lived anywh	nere other than where	e you live now?		
1. What is your ✓ Married ☐ Not marr 2. During the la	ed st 3 years, have all of the places	status? you lived anywh		e you live now?		Dates Debtor 2
1. What is your Married Not marr During the la No Yes. Lis	ed st 3 years, have all of the places	status? you lived anywh	nere other than where	e you live now? clude where you live to Debtor 2:	now.	lived there
1. What is your Married Not marr During the la No Yes. Lis	ed st 3 years, have all of the places	status? you lived anywh	nere other than where est 3 years. Do not inc	e you live now? clude where you live	now.	lived there
1. What is your Married Not marr During the late of the properties of the propert	ed ast 3 years, have all of the places	status? you lived anywh	nere other than where est 3 years. Do not inc	e you live now? clude where you live to bebtor 2:	now.	
1. What is your Married Not marr During the late of the properties of the propert	ed st 3 years, have all of the places	status? you lived anywh	nere other than where ast 3 years. Do not ind Dates Debtor 1 lived there	e you live now? clude where you live to Debtor 2:	now.	lived there Same as Debtor
1. What is your Married Not marr During the late of the properties of the propert	ed est 3 years, have all of the places	status? you lived anywh	nere other than where est 3 years. Do not inc Dates Debtor 1 lived there From	e you live now? clude where you live to bebtor 2:	now.	lived there Same as Debtor 1

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	otor 1 otor 2	Darian D. Mor Roxanne E. M			Case nur	mber (if known)	
Р	art 2:	Explain the	Sources of Yo	our Income			
4.	Fill in th	ne total amount of	income you receive	ent or from operating a b yed from all jobs and all bu acome that you receive tog	sinesses, including par		lendar years?
	□ No ✓ Yes	s. Fill in the detai	ls.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		nry 1 of the curre u filed for bankru		✓ Wages, commissions, bonuses, tips✓ Operating a business	\$15,000.00 (est.)	☐ Wages, commissions, bonuses, tips☐ Operating a business	
		calendar year: December 31, _	<u>2017</u>)	☐ Wages, commissions, bonuses, tips☐ Operating a business		☐ Wages, commissions, bonuses, tips☐ Operating a business	
		endar year before December 31,		☐ Wages, commissions, bonuses, tips☐ Operating a business		☐ Wages, commissions, bonuses, tips☐ Operating a business	
5.	Include unempl and gar Debtor	income regardles loyment; and othe mbling and lottery 1.	es of whether that in the properties of the payers with the properties of the proper	yments; pensions; rental in	les of other income are accome; interest; dividen have income that you re	alimony; child support; Soc ds; money collected from la eceived together, list it only that you listed in line 4.	awsuits; royalties;
	✓ No ☐ Yes	s. Fill in the detai	ls.				

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		Darian D. Montgomery Roxanne E. Montgomery Case number (if known)	Case number (if known)			
P	art 3:	: List Certain Payments You Made Before You Filed for Bankruptcy				
ŝ.	Are eith	either Debtor 1's or Debtor 2's debts primarily consumer debts?				
	□ No.	No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101 "incurred by an individual primarily for a personal, family, or household purpose."	(8) as			
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?				
		☐ No. Go to line 7.				
		Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.				
		* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.				
	✓ Yes	Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.				
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?				
		No. Go to line 7.				
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.				
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.					
	☑ No □ Yes	No Yes. List all payments to an insider.				
3.		nin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a de efited an insider?	bt that			
	Include	ude payments on debts guaranteed or cosigned by an insider.				
	✓ No ☐ Yes	No Yes. List all payments that benefited an insider.				

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	otor 1 Darian D. Montgomery otor 2 Roxanne E. Montgomery	Case number (if known)
P	art 4: Identify Legal Actions, Repossessions, and Foreclosu	res
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsu List all such matters, including personal injury cases, small claims actions, divorce modifications, and contract disputes.	· · · · · · · · · · · · · · · · · · ·
	✓ No ☐ Yes. Fill in the details.	
10.	Within 1 year before you filed for bankruptcy, was any of your property reposeized, or levied? Check all that apply and fill in the details below.	ossessed, foreclosed, garnished, attached,
	✓ No. Go to line 11.✓ Yes. Fill in the information below.	
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a amounts from your accounts or refuse to make a payment because you owe	The state of the s
	✓ No✓ Yes. Fill in the details.	
12.	Within 1 year before you filed for bankruptcy, was any of your property in the creditors, a court-appointed receiver, a custodian, or another official?	ne possession of an assignee for the benefit of
	✓ No Yes	
P	art 5: List Certain Gifts and Contributions	
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a	total value of more than \$600 per person?
	✓ No✓ Yes. Fill in the details for each gift.	
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or conto any charity?	tributions with a total value of more than \$600
	✓ No✓ Yes. Fill in the details for each gift or contribution.	
P	art 6: List Certain Losses	
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy other disaster, or gambling?	cy, did you lose anything because of theft, fire,
	✓ No ☐ Yes. Fill in the details.	

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Debtor 1 Darian D. Montgomery Debtor 2 Roxanne E. Montgomery			Case nu	Case number (if known)			
Part 7: Lis	t Certain P	ayments or	r Transfers				
anyone you c	onsulted abo	out seeking ba	uptcy, did you or anyone else acting on your be ankruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for service				
ш	n the details.						
Badillo Law Gro Person Who Was Paid			Description and value of any property transf	sferred	Date payment or transfer was made	Amount of payment	
8745 W. Higgins Number Street	Rd.		_		08/22/2018	\$1,200.00	
Suite 110 Chicago	IL	60631	_				
City	State	ZIP Code	_				
Email or website addre	ess		_				
Person Who Made the Summit Financia Person Who Was Paic	al Educatior		Description and value of any property transf Pre-filing bankruptcy course	sferred	Date payment or transfer was made	Amount of payment	
Number Street			_		8/27/18	\$14.95	
			_			-	
City	State	ZIP Code	_				
www.summitfe.c Email or website addre			_				
Person Who Made the	Payment, if Not	You	_				
-	-		uptcy, did you or anyone else acting on your be with your creditors or to make payments to you			perty to	
Do not include	any payment	or transfer tha	at you listed on line 16.				
☑ No □ Yes. Fill i	n the details.						

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	otor 1 otor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwisty transferred in the ordinary course of your business or financial affa	
		both outright transfers and transfers made as security (such as granting or include gifts and transfers that you have already listed on this statement.	f a security interest or mortgage on your property).
	✓ No	s. Fill in the details.	
19.		10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	y to a self-settled trust or similar device of which
	✓ No ☐ Yes	s. Fill in the details.	
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Dep	osit Boxes, and Storage Units
20.		1 year before you filed for bankruptcy, were any financial accounts or , closed, sold, moved, or transferred?	instruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates, pension funds, cooperatives, associations, and other financial institutions	
	✓ No	s. Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankrupt urities, cash, or other valuables?	cy, any safe deposit box or other depository
	✓ No ☐ Yes	s. Fill in the details.	
22.	Have yo	ou stored property in a storage unit or place other than your home wit	hin 1 year before you filed for bankruptcy?
	☐ Yes	s. Fill in the details.	
Pa	art 9:	Identify Property You Hold or Control for Someone Els	e
23.	-	hold or control any property that someone else owns? Include any p in trust for someone.	roperty you borrowed from, are storing for,
	✓ No	s. Fill in the details.	
	_		

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	otor 1 otor 2	Darian D. Montgomery Roxanne E. Montgomery		Case numbe	r (if known)			
P	art 10:	Give Details About Env	rironmental Information					
For	the purp	oose of Part 10, the following d	lefinitions apply:					
ł	nazardo	us or toxic substance, wastes,	state, or local statute or regulation conc or material into the air, land, soil, surface olling the cleanup of these substances, w	e water, grou	ındwater, or o			
			pperty as defined under any environment lize it, including disposal sites.	al law, wheth	ner you now o	wn, ope	erate, or	
			n environmental law defines as a hazardo nt, contaminant, or similar item.	ous waste, ha	zardous subs	stance, t	oxic	
Rep	ort all n	otices, releases, and proceedi	ngs that you know about, regardless of w	hen they oc	curred.			
24.	Has an law?	y governmental unit notified yo	ou that you may be liable or potentially lia	able under o	in violation o	of an env	vironmental	
	✓ No	s. Fill in the details.						
25.	-	ou notified any governmental u	unit of any release of hazardous material	?				
	✓ No ☐ Yes	s. Fill in the details.						
26.	Have yorders.		or administrative proceeding under any	environmenta	al law? Includ	le settle	ements and	
	✓ No ☐ Yes	s. Fill in the details.						
Pa	art 11:	Give Details About You	ır Business or Connections to An	y Busines	s			
27.	Within busine	-	nkruptcy, did you own a business or hav	e any of the f	ollowing con	nections	s to any	
		A member of a limited liability of A partner in a partnership An officer, director, or managir	yed in a trade, profession, or other activity, company (LLC) or limited liability partnershing executive of a corporation voting or equity securities of a corporation		e or part-time			
		None of the above applies. Gos. Check all that apply above an	o to Part 12. d fill in the details below for each business.					
	stom Cl	- · J	Describe the nature of the business Clothing maker		er Identificati include Socia		ber ty number or ITIN.	
Busi	ness Nam			EIN:				
Num	ber Str	reet	Name of accountant or bookkeeper	Dates b	ousiness exist	ted		
				From	2017	То	present	
				_				

State ZIP Code

City

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery		Case number (if known)
	hin 2 years before you filed for ba inancial institutions, creditors, o		atement to anyone about your business? Include
☑	No Yes. Fill in the details below.		
Part 1	2: Sign Below		
that ans property or both.	wers are true and correct. I unde	erstand that making a false statemen ankruptcy case can result in fines up	
Date	09/12/2018	Date	•
Did you ☑ No ☐ Yes	attach additional pages to Your S	Statement of Financial Affairs for Indi	ividuals Filing for Bankruptcy (Official Form 107)?
Did you	pay or agree to pay someone wh	no is not an attorney to help you fill o	ut bankruptcy forms?
✓ No ☐ Yes.	Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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				•	
Fill in this info	ormation to i	dentify your case:			
Debtor 1	Darian	D.	Montgomery		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	Roxanne First Name	E. Middle Name	Montgomery Last Name		
(Spouse, il Illing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	r the: NORTHERN DI	STRICT OF ILLINOIS		
Case number (if known)					Check if this is an amended filing
Official Form	108				
Statement o	f Intention	for Individuals	Filing Under Chapt	er 7	12/
If you are an indivi	idual filing unde	r chapter 7, you must	fill out this form if:		
■ creditors have	claims secured	by your property, or			
■ vou have lease	d personal prop	erty and the lease has	not expired.		
of creditors, which and lessors you lis	never is earlier, st on the form.	unless the court extend	er you file your bankruptcy p ds the time for cause. You n ooth are equally responsible	nust also send copies to	the creditors
additional pages, v	nd accurate as p write your name		·	e sheet to this form. On	the top of any
	tors that you lise	ted in Part 1 of Schedu	ule D: Creditors Who Hold Cl	aims Secured by Proper	rty (Official Form 106D),
Identify the cr	reditor and the p	property that is collater	ral What do you inten- property that secu		Did you claim the property as exempt on Schedule C?
Creditor's name:	Santander C	Consumer USA	Surrender the Retain the pro	property. perty and redeem it.	□ No □ Yes
Description of property securing debt:	miles)	ai Sonata (approx. 3	Reaffirmation	perty and enter into a Agreement. perty and [explain]:	
		ired Personal Prop	<u> </u>	Contracts and Harrier	d Leases (Official Form 106

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G) fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

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Debtor 1 Debtor 2	Darian D. Montgomery Roxanne E. Montgomery	Case number (if known)
Part 3	Sign Below	
	r penalty of perjury, I declare that I onal property that is subject to an u	have indicated my intention about any property of my estate that secures a debt and inexpired lease.
	arian D. Montgomery n D. Montgomery, Debtor 1	X /s/ Roxanne E. Montgomery Roxanne E. Montgomery, Debtor 2
Date	09/12/2018	Date 09/12/2018

MM / DD / YYYY

MM / DD / YYYY

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Darian D. Montgomery
Roxanne E. Montgomery

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her

knowledge.		
Date 9/12/2018	Signature /s/ Darian D. Montgomery Darian D. Montgomery	
Date 9/12/2018	Signature /s/ Roxanne E. Montgomery	

Roxanne E. Montgomery